


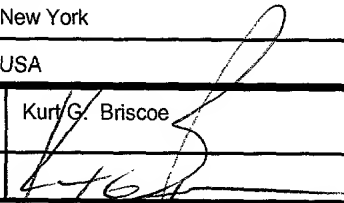
03-16-01

PTO/SB/05 (08-00)

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11035 U.S. PTO
03/15/01

JC986 U.S. PTO
09/809575
03/15/01

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.		Studien 280-KGB	
		First Inventor		Prof. Dr. Borislav Bogdanovic et al.	
		Title		Process for the Synthesis of Organomagnesium Compounds Using Catalysts	
		Express Mail Label No.		EL 728911125 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 20] (Preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Detailed Description of the Drawings (if filed) - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 5. <input type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (For continuation/divisional with Box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63 (d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Forms (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Paper (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (When there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other <u>Express Mail Certificate</u>			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or bar Code Label  (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below					
Name		Kurt G. Briscoe, Esq.			
Address		Norris McLaughlin & Marcus, P.A. 220 East 42 nd Street - 30 th Floor			
City	New York	State	New York	Zip Code	10017
Country	USA	Telephone	212-808-0700	Fax	212-808-084
Name (Print/Type)	Kurt G. Briscoe		Registration No. (Attorney/Agent)	33,141	
Signature			Date	3-15-01	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$427.00

Complete if Known

Application Number	To Be Assigned
Filing Date	HEREWITH
First Named Inventor	Prof. Dr. Borislav Bogdanovic et al.
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned
Attorney Docket No.	Studien 280-KGB

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

14-1263

Deposit
Account
Name

Norris McLaughlin & Marcus

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR §§ 1.16 and 1.17

- ☒
- Applicant claims small entity status.
-
- See 37 CFR § 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee

Fee Paid
355.00

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

SUBTOTAL (1)

\$355.00

2. EXTRA CLAIM FEES

Extra Claims

Fee from
below

Fee Paid

Total Claims 24 -20** = 4 X 18.00 = 72.00

Independent Claims 1 -3** = 0 X 80.00 = 0.00

Multiple Dependent 0.00 = 0.00

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims
over original patent110 18 210 9 ** Reissue claims in excess of 20
and over original patent

SUBTOTAL (2)

\$72.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

105 130 205 65 Surcharge - late filing fee or oath

127 50 227 25 Surcharge - late provisional filing fee or cover
sheet

139 130 139 130 Non - English specification

147 2,520 147 2,520 For filing a request for ex parte reexamination

112 920* 112 920* Requesting publication of SIR prior to Examiner
action113 1,840* 113 1,840* Requesting publication of SIR after Examiner
action

115 110 215 55 Extension for reply within first month

116 390 216 195 Extension for reply within second month

117 890 217 445 Extension for reply within third month

118 1,390 218 695 Extension for reply within fourth month

128 1,890 228 945 Extension for reply within fifth month

119 310 219 155 Notice of Appeal

120 310 220 155 Filing a brief in support of an appeal

121 270 221 135 Request for oral hearing

138 1,510 138 1,510 Petition to institute a public use proceeding

140 110 240 55 Petition to revive - unavoidable

141 1,240 241 620 Petition to revive - unintentional

142 1,240 242 620 Utility issue fee (or reissue)

143 440 243 220 Design issue fee

144 600 244 300 Plant issue fee

122 130 122 130 Petitions to the Commissioner

123 50 123 50 Processing fee under 37 CFR § 1.17(q)

126 180 126 180 Submission of Information Disclosure
Statement581 40 581 40 Recording each patent assignment per property
(times number of properties)146 710 246 355 Filing a submission after final rejection
(37 CFR § 1.129(a))149 710 249 355 For each additional invention to be examined
(37 CFR § 1.129(b))

179 710 279 355 Request for Continued Examination (RCE)

169 900 169 900 Request for expedited examination
of a design application

Other fee (specify) _____

SUBTOTAL (3)

\$0.00

SUBMITTED BY

Name (Print/Type)

Kurt G. Briscoe

Registration No.
(Attorney/Agent)

33,141

Complete (if applicable)

Telephone

(212) 808-0700

Signature

Date

March 15, 2001

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Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

EXPRESS MAIL CERTIFICATE

“Express Mail” mailing label number EL 728911125 US US

Date of Deposit March 15, 2001

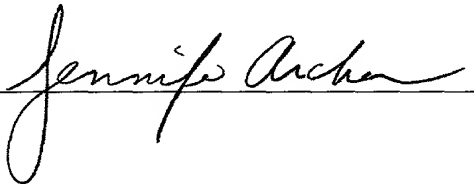
I hereby certify that the following items:

1. Utility Patent Application Transmittal
2. Fee Transmittal in duplicate - Charge Deposit Account 14-1263
3. Application consisting of Specification (pages 1-16);
24 Claims (pages 17-19);
Abstract (page 20).

are being deposited with the United States Postal Services “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the: Hon. Commissioner of Patents, Washington, D.C. 20231, Box Patent Application.

NORRIS, McLAUGHLIN & MARCUS, P.A.

By

A handwritten signature in cursive script, appearing to read "Jennifer Archer", is written over a horizontal line.